V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinuer, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related auses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 09551	
1. PLACE OF DEATH	(131)	
County Micomics	Registration Dist. No. 333	?
Village or City Assistland		100
	No. St., St., If death occurred in a hospital or institution, give its NAME instead of street and number)	ward
	sds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Mancy P. atkin	gon	
(a) Residence: No. Arkeitland Inc	Le St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	,
Gemale White married	September (Month) (Dev) (Yea	
5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Yea	11)
(or) WIFE of John S. Tr. atkinson	22.   HEREBY CERTIFY. That I attanded deceased	from
	10 / to Deft (3, 19	7
6. DATE OF BIRTH (month, day, and year) Charles 3, 1857	I last saw h alive on a, 1939.; death is	s sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 22.3.5 km.	
77 3 3 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importanca were as follows:	onset
8. Trada, profession, or particular kind of work done, as SPINNER,	A 1	9-11
SAWYER, BOOKKEEPER, etc. Asual Wife	Vale our Vent - 17.	24
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	19	54
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decassad last worked at this occupation (month and year)  occupation		
- D. D.	Other Cantributary Causes of Importance:	
12. BIRTHPLACE (city or town) Leur Armeus Ungra, (Stata or country)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	- <
To mile Co. Ving.	Chy to 1 (sph) 6 191	
13. NAME Leage Glibbons  14. BIRTHPLACE (city or town) Somerset Ca.		
14. BIRTHPLACE (city or town) Somerset	Name of operation	
(State or country) to Maryland.	What test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Cligabeth m& Manial	23. If daath was due to axtarnal couses (VIOLENCE) fill in also tha following:	
0 16. BIRTHPLACE (city or town) - Near Trinsess and	Accident, suicide, or homicide? Data of Injury, 19	
(State or country) Somerset Co. My	Whare did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mer Samuel R. Atkinson	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Christonal Com Date Sept. 8 , 1934	Nature of injury	
19. UNDERTAKER The Hill of Johnson Co, (Address)	24. Was disease or injury in any way relited to occupation of decaased?	
Della 24 That ma.	If so, specify	
20. FILEDELPH & 1937 X. May Jume	(Signed)	M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(210·m)
County Will your	Registration Dist. No. 333
Village or City & alia Sum U	Q.No. / ly Slip. H 500 - Word
(II	death occurred in a hospital or institution, give its NAME instead of street and hopber)
1 2 2 2 2	ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME HI. 10 10 DEC	See And
(a) Residence: No. (Usual place of abode)	St., S- Ward- 1  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Q - 25- 19334
5a. If married, widowed, or divorced	(Month) (Oay) (Yaar)
HUSBAND OF Olgan Bolger	22. I HEREBY CERTIFY, That I attended daceased from
1000	9/25 1934 10 9/23 1939
6. DATE OF BIRTH (month, day, and year)	West sew h alive on 9 2 5 death is said
7. AGE Yeers Months Deys if LESS than I day,	to have occurred on the date stated abovo, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importence
ormin.	wara as follows:
8 Treds, profession, or particular kind of work done, as SPINNER, Jarober of produce	practiced elevel
9, Industry or business In which	
9.4 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oata deceased last worked at this occupation (month and 9-34) spant in this occupation 2 4/13	
12. BIRTIPLACE (city or town). Charleston	Other Contributory Causes of importance:
(State or country)	
I 13. NAME H B. Bolger	
13. NAME H /3 / 3 · 13 · 13 · 13 · 13 · 13 · 13 ·	Name of operation Dete of Dete of
(State or country)	Whet test confirmed diegnosis? Chriscill Was there an autopsy? 20
15. MAIDEN NAME	23. if death was due to externel causes (VIDLENCE) fill in elso the following;
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Leciples Data of injury 9/20, 1934
X (State or country)	Where did injury occur? On State Hickory between Commen Co-
17. INFORMANT Mass Clevy December (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Constr accident
Place Che gressine as C Date Sefet 1954	Neture of injury Prochard Sheel -
19. UNDERTAKER Tope Will & Johnson Co	24. Wes disease or injury in any way related to occupation of deceesed?
(Address) Lalisbury, mg.	If so, specify
20. FILED Sept 2619 34 J. May Jumer	(Signed) JM-J. Drole M. D.
Revistrar	(Addraes) Jakiling 24d

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:		
Arterioselerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nepi	hritis -	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	OCT 8 1504	July 5,1927	Peritonitis	3 days ago	
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	20000
County Nesone Co	Registration Dist. No. 999
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length o1 residence in city or town where death occurred 40 yrsmos	ds. How long in U.S. il of foreign hirth? yrs, mos, ds.
(a) Residence: No. Alexandre (Usual place of abode)	St., Ward. Warded to state of the state of t
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Level 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widowed, ordivorced HUSBANO 01  Auchie  Baund	22. / YHEREBY CERT-IFY, That Lattended deceased from
(or) WIFE ol	SUM 14 1934 to Sept 19 1934
6. DATE OF BIRTH (month, day, end year) June 25 -1839	I last saw h. alive on Sefet 19 , 1933 ; death is said
7. AGE Yeers Months Days II LESS than	to have occurred on the date stated obove, at 3m.
79 2 21 lady,mis.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as Jollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Whether obstruction and
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased lest worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	Carolio - remar - vascular discone
13. NAME - ELLAND BALLAND	1 1
14. BIRTHPLACE (city or town)	Name of operation and the second part of 1/1/35
(State or country)	What test confirmed diagnosis? Churied Wes there an autopsy? 10
15. MAIDEN NAME The abell Phellin.	23. Il death was due to external causes (VIOL ENCE) fill in also the Iollowing:
15. MAIDEN NAME The abect fileling 16. BIRTHPLACE (city or town) The arguments) (State or country)	Accident, suicide, or homicide?
E (State er country)	Where did Injury occur?
17. INFORMANT Miss Welle Bacula_	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plecolliars lower lul Date depleus Les 2219.34	Nature of injury
19. UNDERTAKER M. D. Gravenas & Bro. (Address) Lears lowy, Marylan D	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED Sept 19, 19 34 b. May June Registrar.	(Signed) All Grandel M. D. (Address) Salishy red
If more blanks are needed, address State Registrar	2422 N Charles Street Relimore Requesting 71 S No.

CEDTICICATE OF DEATH

CTATE OF MADVIAND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, nuchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
BUINBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<del></del>

B ż

FOR BINDING

1 DIAC

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
E OF DEATH			

6 0	6	Disc	pre	-0
0	y	C	()	1

2. FULL NAME (a) Residence: No.	Alphia	Bradle	<b>y</b>	ds How long in U.S. if o	2	Mard dent give city or 1	ela	Tu
PERSONAL AN				MEDICAL C	ERTIFICA	TE OF DE	ATH	
	r or race		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	Sept (Month)	I4th,	193	934 193 (Year)
5a. If merried, widowed, or divention HUSBANO of (or) WIFE of Ma	ry Brad]			22. A I HEREBY	CERT	Sept -	attended d	aceasad fro
6. DATE OF BIRTH (month, da	v. end vaar)	ily 16	. I875	I last law h eliva on	Suf	4 14	1934	; daeth is sa
7. AGE 5 <sup>Years</sup>	Months	gg,	if LESS than I day,hrs. ormin.	to have occurred on the date state The PRINCIPAL CAUSE OF DEAT were as follows:		m. causes of importe	nce	Oate of ons
kind of work dona, SAWYER, BOOKKEI SINDUSTRY OF DUSINESS IN WORK WAS done, es. SAW MILL, BANK, 10. Date deceesed last wo this occupation (moyear)  12. BIRTHPLACE (city or town) (State er country)	PER, etc.  n which SILK MILL, etc.  rkad at nth and  Maryle	and sp	time (years)	Heart & Chrone Chrone Chrone Contributory Causes of Imperiods	ortança:	arli	no char	
13. NAME Vard	en Bradl	-63			ne.			
14. BIRTHPLACE (city or to	own)	•••••		Name of operation				7.
15. MAIOEN NAME	Unknow	m Han	moidan	Whet test confirmed diagnosis?				
16. BIRTHPLACE (city or to (State or country)  17. INFORMANT Ruth	Gillis	Unknow	n	Accident, suicide, or homicide?  Where did injury occur?  Specify whether injury occurred in	(Specify cit NOUSTRY, I	Dete of injur	y and State JBLIC PLA	, 19 ) CE.
- Mai	REMOVAL		t 16, 192	4 Manner of injury				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying; e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onsel	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 6 1944	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Le control de la			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
---

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-20 722
County///Comiley	Registration Dist. No. 303
Village or City Jaketing 1144,	No.3/8. Hazel are St. 13 Wa
Length of residence in city or toyon where weath occurred 3 vrs. mo	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. of foreign birth?yrsmos
2. FULL NAME John B Pole -	mos con the control of the control o
1210+1	12 1.1.1 20.1
(a) Residence: No: 3/8 (Usual place of abode)	St., 13 Ward. Sales Market Market State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. CHOR OF RACE 5. STOCKE, MARRIED, WIDOWED	21. DATE OF DEATH
Hale White Practice write the word)	(Month) (Day) , 193 (Peer)
Se. If married, widowed, of divorced HUSBAND of	, (1-1) , (1-1)
Martha Cole	22.   I HEREBY CERTIFY, That I attended deceased from
6.00 97 18/	, 19.5°, to
AGE Years Months Days If IFSS then	l last saw harman alive on
AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at 2/2 m.
7 / O ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest priced at the second	A
J. Industry or business in which	· Liver i precoary me
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	- Cheticinas; Suration, four years.
10. Date decessed lest forked at this occupation (month and 53)	may 24th, 1935
year) war of the second of the	
2. BIRTHPLACE (city or town)	Other Centributory Canses of importance:
(State or country) may land.	
13. NAME Through E. Cole  14. BIRTHPLACE (city or town) Deals Islam	1
14. BIRTHPLACE (city or town) Deals Islam	Name of operation Date of
(State of country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME ANKNOW	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
, INFORMANT Shoman E. Cole !!	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 4/5 / Morrow st. There	Z
8. BURIAL, CAMATION, OR BEMOVAL Milmington del	Menner of injury
Place Date of 9, 1934	Nature of injury
9. UNDERTAKER ATTELONIST & CO.	new in 111 a ma
(Address) Jahrhy Ma	If so, specify
10. FILED Sleft 9 1934 0 - May Jumes	(Signed) A 6 4 8 M
Registrar.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

principal cause of death and related causes inportance were as follows:  ck of epilepsy  over by street car  condis	Date of onset  1 week ago 1 week ago 3 days ago
over by street car	1 week ago
onitis	3 days ago
العالم ا	
er contributory causes of importance:	
roenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 1955
1. PLACE OF DEATH	159
County///Come	Q Registration Dist. No.
Village or City Saluthan MG	No. 13 Ward St., 13 Ward
Length of residence in city or town where drath occurred yrs mos	f death occurred in a horpital or institution give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds
R I I H	O L
2. FULL NAME DATY of JUTUL (	men for her
(a) Residence: No.3 05 (Usual place of abode)	St., S Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	Super. 9 193 4
5a. If married, widowed, or divorced HUSBAND of	(Manth) (Day) (Yéar)
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
1 4 7 1620	19 24,10 11 9 19 3
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If IFSS than	I last saw h(/ alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.73 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mannialis humas
9. Industry or business in which	dut to a finite in
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month and	and to Jundanged natificial responsion
10. Date deceased last worked at this occupation (month and spent in this	The state of the s
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town)	1 1
(State or country) faling my mid	Vrmalin Mit
13. NAME / Culser  14. BIRTHPLACE (city or town) a lichery 92	
14. BIRTHPLACE (city or town) alichy	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Calking Hopelen	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Calking Hopekin  16. BIRTHPLACE (city or town) Line Calking Control or control of the calking the	Accident, suicide, or homicide? Date of injury, 19,
(State or country)	Where did injury occur?
17. INFORMAN WWS C. Celley of	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address), 303 June 1 18. BURIAL, CRONSTION, OR REMOVAL	1.14.,
Place arms an Date Int. 10 1939	Manner of Injury
11.00	Neture of injury
19. UNDERTAKER STORY 190.	24. Wes disease or injury in any way related to occupation of deceased?
(Address) Jahren Mary	If so, specify
20. FILED Sept 10, 1937 & May June	(Signed) M. D
Registrar.	(Address) James My
is more planes are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1 . 1 5 m pr 10.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1	i i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 8 1901			
Other contributory causes of importances.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

ADDITIONAL	SPACE FO	REURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1 N. B.—

STATE OF	MARY	AND-C	CERTIF	ICATE	OF	DEATH
----------	------	-------	--------	-------	----	-------

0	6	E	1.	Q
U	J	U	U	

1. PLACE OF DEATH	(/3/)
County Meoraco	Registration Dist. No. 333
Village or City Salishary	ND. 30 V M. Devision St. 9 W.
Length of residence in city or town where death occurred 7.9 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U.S. if of foreign birth?mrsmos
//:	
2. FULL NAME alue Serry dans	
(a) Residence: No. 30 7 1, Xuluser (Usual place of abode)	St., 9 Ward.
PERSONAL AND STATISTICAL PARTICULARS	/ If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
genale Thise OR Divorced (write the word)	(Mg/hth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased f
(or) WIFE of Dewn M. Slaiman	22. I HEREBY CERTIFY. That I attended deceased f
DATE OF PIPUL (mostly day of mostly 1 31 1855	Hast saw her elive on Select 16, 19 3 greath is
6. DATE OF BIRTH (month, day, and year) // (CLC) / (OS), 7. AGE Years Months Days If LESS than	to have occurred on the dale slated above, at 370 Å m.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profession, or perticular	were as follows:
kind of work done, as SPINNER, W Home	July July 17
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	Chronic interstitial nephritis . Suration!
- I spent in this	several years. Central.
year) occupation	Dither Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	- Wielmy Styl
(State or country)	
13. NAME Furnell S. Jones	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an eu'opsy?
15. MAIDEN NAME (SSLES) Claequille	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT M. C. J. Ce Vises J	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Salishury, Maugland, 18. BURIAL, CREMATION, OR REMOVAL	
Place Misers Cenelly Filiplate 9/19/34 19	Manner of Injury
of h1/h1 000	Neture of Injury
19. UNDERTAKER AL JULY A THANK OI	24. Was disease or injury in any way related to occupation of deceased?
(Modess) Saus Mutty Mangland.	If so, specify (Size 4)
20. FILED Suptig , 190 I may unes	(Signed)
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	U9559
County N. M. omiges 1.	Registration Dist. No. 333
OX or Vi	and an all and transmit to
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Olla hommon	Ol and a second
(a) Residence: No. Din alla her, Well	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the worth)  Algue	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of allow Drummond	22. I HEREBY CERTIFY, Ten l'attended deceased from 31,1934 to 1934
Maril 3 1972	100 1 2.1
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	I last saw harman alive on 19 47, death is said
1. Add. 1 dayhrs.	to have occurred on the date stated ebove, et 4 m.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
8. Trede, profession, or perticuler	were as follows: Date of onset
o kind of work done, as SPINNER, Kousewife SAWYER, BOOKKEEPER, etc.	acute Mephentes 8-31-24
9. Industry or business in which	Journal 1 Strate
work was done, as SILK MILL Juve Home	
SAW MILL, BANK, etc.  10. Date deceased lest worked et this occupation (month and / Q2L)  11. Total time (years) spent in this	
year)	Other Coutributory Causes of Importence:
12. BIRTHPLACE (city or town)	£ 0
(State or country)	Mig namey I'm mouth
13. NAME X, X, MULLS	***************************************
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an eutopsy? 40
15. MAIDEN NAME Laura & Deckells	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT LANGE HOLLS	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Hydlelfelf Deterfly 1934	Neture of injury
19. UNDERTAKER Leave & Dennis	24. Wes disease or Injury In any way releted to occupation of deceesed?
(Address) Jane Hill Ma	If so, specify
20 FILEDS Cht / 1934 V. May Turner	(Signed) (V. / Shure M. D.
Registrar.	(Address) Therebury Mrs.
** ** ** ** ** ** ** ** ** ** ** ** **	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

FOR

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
0013 100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 09560
1. PLACE OF DEATH	nam. (82-a)
County // Come	Registration Dist. No. 333
Village or City Salishing Md.	No. 207 First St. 9 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME // Main a. Com	
(a) Residence: No. 207. Front st. Saleston (Usual place of abode) md.	7 St., 7 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3 GEX A 4. GOLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
Male White OR DEVORCED (write the word)	Jun. 1, 193 4
5a. If marriad, widowed, or divorced	(Donth) (Day) (Veer)
HUSBAND of Opla Ensur	22. I HEREBY CERTIFY, Thet I attended daceesed from
1 4 15 107	, 19 to 19 19 19 39
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days if LESS than	I last saw harmaliva on Dey 1937; daath is said
7. AGE Yaars Months Days if LESS than 1 day,hrs.	to have occurred on the data stated above, a  The PRINCIPAL CAUSE OF DEATH and raisted causes of importance
OS // Ormin.	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Brocks-Presona 8/9/20
9. Industry or business in which	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
2 Shellf III fill?	
year)occupation	Other Contributory Canses of importance;
12. BIRTHPLACE (city or town) leav. Palety	Cerebral Humbyl June
(State or country)	
13. NAME // Claim & Egypt 14. BIRTHPLACE (city or town) Finding	
4 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	What tast confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Jaluty	23. If death was due to external causas (ViOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN (Address) 207. Fund of Salaham	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place augus am. Date yt. 14, 19.34	Nature of injury
10 HADEDTAKED Hollow + 6	24. Wes disease or injury in eny way related to occupation of dacaased?
19. UNDERTAKER - 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	If so, specify
10 545 X 64 + 4.34 V- may Trans	(Signad) June R Mann M. D.
20. FILED Slept 199 & May Manle Registrar.	(Addrass) Salisby med
If more blanks are weeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09561
1. PLACE OF DEATH	(20)
County Nicomica	Registration Dist. No. 3.3 13
Village or City Valisbury Mid	No Jennesula General Hook Sund
1 11 1 11 11 11 11 11 11 11 11 11 11 11	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth? yrs. mos. ds.
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Myne 9. I well m	
(a) Residence: No. /Valustury (Usuarplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  That  That  Timple	21. DATE OF DEATH  (Month) (Day) (Year)
5a. if merried, wildowed, or divorced HUSBAND of	
(or) WIFE of -none	22. I HEREBY CERTIFY, Jhet i attended deceased from Dept. 2 8 1934, to apr. 2 8 1935
6. DATE OF BIRTH (month, day, end yeer) Leely 30, 1922	i last saw h.C.Y. alive on pt 28 1934; death is said
7. AGE Years   Months   Deys   ILESS than	to have occurred on the dete steted above, at 1 155 a.m.
12 2 29 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were es follows:
8 Trade profession or particular	gente apprehate 9-19-34
9. Industry or business in which	Rentonitis
work was done, as SILK MILL, Grander Saw MILL, BANK, etc	
- i spaint in this	
yeer) occupation occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town). A lad frent (State or country)	
E PO P +	
(State or country)	Neme of operation Date of 9-20-34.  What test confirmed diagnosis? Lab Wes there en autopsy?
15. MAIDEN NAME Beulet Brewing ato	What test confirmed diagnosis? Wes there en autopsy? 23. If deeth wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Bull Grewington  16. BIRTHPLACE (city or town) Shad Point  (State or country)	Accident, suicide, or homicide?
(Stete er country) Wiesmies Cs.	Where did injury occur?
17. INFORMANT Mas. Bealah Pields (Address) Salisbury, med.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Plece Shad Forist less Date Sept. 30,1934	Neture of injury.
19. UNDERTAKER The Hill & Johnson 10 (Address)	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED Libt 29, 194 In May Turner Registrar.	(Signed) Latalenson M. D.  (Address) 1/2 Main A.
The state of the s	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - 1 1 5 5	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

V. S. No. 1

ż

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210:20
County Warner	Registration Dist. No. 333
Village Dr City Salesbury, med	No. Serv Serv Rosefula St., 13 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	- 1ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Raymand gins	
(a) Residence: ND. (Usual place of abode)	St., Ward. M. Locomoke, Md
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The colored of the word)	21. DATE OF DEATH 10 , 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of California Africa	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Thiony 3-1895	I last saw h alive on 1/11 1934 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7'5 Phops.
22 - 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Broken hash and Date of onset
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this corruption (month and	asidur Sofer 8,1934
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and durks spent in this occupation deceased last worked at the spent in this occupation durks occupatio	
12. BIRTHPLACE (city or town) Vear Josephs (State or country)	Other Contributory Causes of importance:  Our alyner - Brough to Host
13. NAME Smith Sum	July adminu -
14. BIRTHPLACE (city or town) The Secure he	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Jean Pacasnobe	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Transfer Locaryope	Accident, suicide, or homicide? 40 Date of Injury 4 5 19 4
(State or country)	Where did injury occur? West formurfe City Lud. (Specify city or town, county and State)
17. INFORMANT Syft volutus (Address)	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of Injury Guty academ
Place Delinearly Om Dato 9113 1934	Nature of Injury Broken buch
19. UNDERTAKER Chaselfurnell (Address) 500 E Queol St	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sefet 11, 1934 Tillay Junes. Registrar.	(Signed) Jackstum M. D.  (Address) Salistum M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balimore, Requesting U. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis OT	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S. II			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	•	MARGIN	RESERVED	MARGIN RESERVED FOR BINDING	
BWRITE P.	LAINLY, WI	I'II UNFADIN	INK-THIS	IS A PERMANENT	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-
mation shor	ild be carefu	lly supplied.	AGE should be	stated EXACTL	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF	DEATH in 1	plain terms, so	that it may be	properly classified.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
TION is vel	ry important.	See instruction	TION is very important. See instructions on back of certificate.	certificate.	1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County leelgnilo	Registration Dist. No. 333
Village or City Sales Court Fred	No.QO 3 W Main St. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME William Jordy	
(a) Residence: No. 903 Use mainle (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 26 193 4 (Year)
5a. If married, widowad, or divorced	never
(or) WIFE of Mus Ella Gardy	1 HEREBY CERTIFY, That I attended gecassed themse
6. DATE OF BIRTH (month, day, and year) 1878	Heat saw him alive on Sept. 26, 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
that the state of	Tha PRINCIPAL CAUSE OF DEATH and related causes of importanca ware as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.	Canto Sudialities Seller
tndustry or business in which work was done, as SILK MILL, L. D.	( Transfer of the state of the
SAWYER, BOOKKEEPER, atc.  Industry or business in which work was done, as SILK MILL, Selected Works was done, as SPINNER, sawyer was a selected with the selected was done, as SPINNER, sawyer was a selected with the selected was done, as SPINNER, sawyer was a selected with the selected was done, as SPINNER, sawyer was a selected with the selected was done, as SPINNER, sawyer was a selected with the selected was done, as SPINNER, sawyer was a selected with the selected was done, as SPINNER, sawyer was a selected was done, as SPINNER, sawyer was a selected was done, as SPINNER, sawyer was a selected was done, as SPINNER, sawyer was done, as done was done	<b>~</b>
year) 19.3.4 Decupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (arsonally (State or country)	Unkana
14. BIRTHPLACE (city or town) Parsonoling.	Name of operation
(State of country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Parabell	23. If death was due to external causes (VIOLENCE) fill in also tha following:
0 16. BIRTHPLACE (city or town) Parsonsberg	Accident, suicide, or homicide? Date of Injury, 19
(Stata or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Afra Cla Language and	Specify whathar Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & Loan fill Clan Oate Sefet 30, 1934	Natura of injury
19. UNDERTAKER JAS As Stewart	24. Was disaase or injury in any way related to occupation of dacaased? N.O.
(Addraso) / Saleshing Ind	If so, specify
20. FILED SEPTED 1934 L. May Operner Registrar.	(Signad) ATD.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
OCT 6 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	^	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A SHOCAL!			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	MARGIN	RESERVED	MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN	ITH UNFADIN	IG INK-THIS	IS A PERMANEN
mation should be carefully supplied. AGE should be stated EXACTI	Illy supplied. A	GE should be	stated EXACTI
CAUSE OF DEATH in plain terms, so that it may be properly classified.	plain terms, so	that it may be	properly classified.
TION is vary important See instructions on back of cortificate	See instruction	ne on hack of	cortificato

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(181)
County Theingie	Registration Dist. No. 333
Village or City Filishary (16	No. 1 Len insula Goseval Methilast, 13 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Barkara Harm	
(a) Residence: No. 409 (Usual place of abode)	St., Ward. Clester, Lena,  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. JULY 2 1934 to Supe 2 19 3 4
6. DATE OF BIRTH (month, day, and year) april 17, 1934,	Host saw have alive on 19 deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atAm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	wore as follows:  Date of onset  Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc  10. Date deceased last worked at the convention (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Pennsy Coane q	Dither Contributory Causes of importance:
13. NAME May 71. Harr	
13. NAME ( ay / ) Yar 12	Name of operation Dete of
(State or country) I enky Ward	What test confirmed diagnosis?
15. MAIDEN NAME May C. 4 and  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide flee dura Date of injury 12 , 1934
17. INFORMANT Me. Ray TV. Than (Address) 668 C. Marad St. Cherly, Sa.	Where did Injury occur? Let an Eng Inch (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Lendy, Penna Date 9/1/3 4, 19	Manner of Injury Severalian Stron explosed  Nature of Injury Severe homes—
19. UNDERTAKER THE Will K STEARY 6.  (Addiess) Salvaduewella de	24. Was disease or Injury In any wey related to occupation of deceased?
20. FILED Slept 2, 1934 L. May Januar. Registrar.	(Signed) Mensur M. D. (Address) Suishing run
If more blanks are needed, address State Registrar,	2411 N. Charles Street. Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VED		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

should state

60	6	p-	0	10
U	J	C	V	1

1. PLACE OF DEATH	(181)
County Viennes	Registration Dist. No. 333
Village or City Salishing P. G. Holen	
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	mos. 6. Mow long in U.S. if of foreign birth? yrsmos ds.
2. FULL NAME The any Ele jabet Ham	- / v /)
(a) Residence: No. (Usual place of abode)	St., Ward. Chea au 10 10 10 1.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED.  OR DIVORCED (write the word)	
5e. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   I HEREBY CERTIFY That I attended decessed from
1 .14 2 126 5	1939 to 491. 2 1938
6. DATE OF BIRTH (month, day, and yeer) Yest 70; 1930	t lest sew h elive on 1934; deeth is seid
7. AGE Years Months Deys If LESS ther	
// ormin.	were as follows:
8. Frade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	grans over ane very
SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et this prevention (month and	
10. Date deceased lest worked et this occupetion (month and yeer) spant in this occupetion	
$\Omega$	Other Contributory Causes of importance: Sasalin Store exploded & destroy
12. BIRTHPLACE (city or town) (Stete or country)	- Justice survey product
13. NAME Ray N. Harr	- Alun uus
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	Whet test confirmed diegnosis?
15. MAIDEN NAME May C. J'red	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide: accident Date of Injury 1 for 2, 19 3 4
(State or country) Insultand	Where did Injury occur? Ollan Csty, 2mil
17. INFORMANT MIN ( GLY /X / Klein)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chester, Perra.	
18. BURIAL, CREMATION, DR. REMOVAL)  GILLIGAT	Manner of injury Darving shore Appload
Place Colony of G. Date // 4/01 ,19	Neture of injury Promo
19. UNDERTAKER THE CANDESS OF THE CA	24. Was disease or injury In eny way releted to occupation of deceased?
20. FILED Sept 2, 1034 It May Juns	(Signed) Julgaria M. D.
	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago	
Arteriosclerosis  Chronic interstitial nephritis	1915	Attock of epilepsy		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUDGALLY			4	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

m

of OCCUPA.

51.			222
County Meanue		Registration Dist	. No.
Village or City Saliakues	4		ne St., 9 Ward
		f death occurred in a hospital or institution, give its NAME ins	
Length of residence in city or town where death	occurredyrs,mos		yrsds.
2. FULL NAME Josoby	a Haward		
(a) Residence: No. Africa 12.	(Usual place of abode)	St., G Ward.  If nonresident give	city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
3. SEX 4. COLOR OR RACE S.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Day) (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of Jeld Howa	rd	/ /	That I attended deceesed from
6. DATE OF BIRTH (month, day, and year)	1. 78,1868.	I last saw h. Qr. alive on	193/; death is said
7. AGE Yeers Months	Days If LESS than	to have occurred on the dete steted above, et. 7.1. 151	-m.
65 11	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of were es follows:	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Rose	home Valore He	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occuration (month and			
10. Date deceased last worked et this occupation (month end year)	11. Total time (yeers) spent in this occupation		
12. BIRTHPLACE (city or town)	and	Other Contributory Causes of importence:	
13. NAME JEM Marien	in		
13. NAME AND MAKEN  14. BIRTHPLACE (city or town)	1 1	Neme of operation	Dete of
(Stete or country)	land	Whet test confirmed diegnosis?	
15. MAIOEN NAME Sallie K	Brown .	23. If death was due to external causes (VIOLENCE) fill in	
15. MAIOEN NAME Salle 16. BIRTHPLACE (city or town) (Stete or country)	yland	Accident, suicide, or homicide? Date Where did injury occur?	
17. INFORMANT MAX Taid IN (Address) Agriculture	ochfeet,	(Specify city or tow Specify whether Injury occurred in INDUSTRY, in HOME,	rn, county and State) , or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	ate 9/11/3/ 19	Menner of injury	
Maniella Or	Part Ca.	24. Was disease or injury in any wey related to occupation	
19. UNDERTAKER A A A A A A A A A A A A A A A A A A A	ne.	If so, specify	i or deceased:
20. FILED Lest 1/ 1934 (1977)	has Turner	(Signed).	Many M.D.
Los I the production of 17 and and and and and	Registrar.	(Address) Quio	my my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2001			
Other contributory causes of importance:	_111	Other contributory causes of importance:	I DE YELL
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

LION

FOR BINDING

OCCUPA-

of infor-

1. PLACE OF DEATH		(95-9)	4 4 0
County Waccome	a	Registration Dist. No.	333
Village or City Neon Se		NDSt., If death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city or town where d	eath occurred of yrs. 7 mo	s. Ods. How long in U.S. If of foreign birth? yrs.	mosds
(a) Residence: No.	in, Jugo	St. Ward.	
(a) Nosigonos. Nos	(Usual place of abode)	If nonresident give city or town as	nd State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Lemale Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH September 22 1934 (Month) (Day)	, 193 (Year)
6. If married, widowad, or divorced HUSBAND of (or) WIFE of William	Ingustion	22. I HEREBY CERTIFY, That i attenda August 28 1934 to sept 22 I	d daceasad from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,hrs.	I last saw her alive on Sept 22 1934, 19 to heve occurred on the date stated above, at II Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; daath is saic
8. Trade, profassion, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	real House Hose		Data of onest
1D. Data daceasad last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Svou	Hell md,	Other Contributory Causes of Importence:	
(State or country)  2   13. NAME   Pullry Pu	rnell	none	
13. NAME VILLY YU  14. BIRTHPLACE (city or town) Syou  (State or country)	v Hill me	Name of operation Date of What tast confirmed diagnosis? Physical Was there an	aulonev? Y O
15. MAIDEN NAME VILLY 16. BIRTHPLACE (city or town). Symptomic (Stete or country)	w Hilf md,	23. If death was due to external causas (VIDLENCE) fill in also the following Accident, suicide, or homicide?	ng: , 19
17. INFORMANT CALLS IN CARDINAL COLLEGE OF THE COLL	RED 4	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify.

24. Was disaasa or injury in any way related to occupation of daceased

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
H BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	(A)
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(50)
County Theomico	Registration Dist. No. 333
Village or City Saleshau	NAGO
\$ ,/ ar	No. 1 Ward St., 3 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Unio I! Carnor	
(a) Residence: No. 706 Many land ave	), St., 13 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
xenale Italie OR DIVORCED (revise the word)	
5a. If merried, widowed, ordivorced HUSBAND of	(Month) (Dey) (Year)
(or) WIFE of Hilliam ) It. ( am and )	22.   HEREBY CERTIFY, Thet I ettended deceased from
	, 1933, to 4, 1944
6. DATE OF BIRTH (month, day, and year) ULLIG. 9, 1865.	l lest saw h elive on 19 ; death is seld
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the data statad ebove, et. / 2004.m.
09 0 175 ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession/or perticuler kind of work done, as SPINNER.	Date of onset
kind of work done, as SPINNER, W. Horse	Caremour / Frent
9. Industry or business in which work was dona, as SILK M ILL, SAW MILL, BANK, etc	
S. Hade, professing of perfudient kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Deta deceesed lest worked et this occurrent perfudient worked et this occurrent perfudient worked et this occurrent perfudient perfudient worked et this occurrent perfudient	
o this occupation (month end spent in this veer) occupation	
Mr. A	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (Stete or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Sking Cemis	23. If death wes dua to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(Steta or country)	Whera did injury occur?
17, INFORMANT / Elkar X, ainal,	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Schaung, Bada	
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Piace Culture Menaya Fail bate 7/9/3/-, 19	Nature of injury
19. UNDERTAKER THE NICE & STREET CO.	24. Was diseese or injury in any way releted to occupetion of deceased? MO
(Addiess) Jalietung, Jak.	if so, specify
0 chlis 34 V. ha D.	(Signad) V. January
20. FILED 19 THE May Wenter ?	(Address) Thinking M.D.
110000000000000000000000000000000000000	The state of the s

MARCO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis R L C L IV	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
001 6 1535	ş		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage Coll (i 1)	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 19572
1. PLACE OF DEATH	rehand 930
County Milone lo	Registration Dist. No. 333
Village or City Salatury M. q.	No. 502 Can St., 3 Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosmosds.
2. FULL NAME Olonge D, Legy	
(a) Residence: No.302 game of Jahrhu	7 St., 5 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVERCED (write the word) 5a. If married, widowad, or divorced	21. DATE OF DEATH Syst 15 193 4 (Year)
HUSBAND OF Maggie M. Lemon	22. I HEREBY CERTIFY, That I atlended deceased from
6. DATE OF BIRTH (month, day and year) Feb. 9, 1871	I last saw harmon 9/15 death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance
3. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	00 : 00 : 1750
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	( sudden death)
SAW MILL, BANK, etc.	Duration : Unknown/ O 2
10. Date deceased last worked at this occupation (month and year)	
11000 1.11	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)	
13. NAME Janu a Lens	
13. NAME Jame a Territoria 14. BIRTHPLACE (city or town) 2 Plear Salviling	Name of a section
(State or country)	What test confirmed diagnosis Ducklundurate Was there an autopsy?
15. MAIDEN NAME Fly of the 18 10	
T T	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
State or county)	Accidant, suicide, or homicida?
17. INFORMANT Maggin M. Lengy (Addrass), 502/ 20 and At Saluty M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Alema Cess Date 2/1/7, 1934	Nature of Injury
19. UNDERTAKER Hellowy to (Address) Tale III and	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Sept 1, 19. 94 D. May June Registrat.	(Signed) Clear M.D.  (Address) Sealish Your
	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Evample I

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Evample II

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributors are of insurance.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
----------------	--------	---------	------------	----	-----------

Registrar.

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example II	
The principal cause of death and related causes of importance were as-follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 6 1931	July 5,1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:	1	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	

. OF	DEATH	095
- Ke		

1. PLACE OF DEAT	ТН			95:07	
County Wicom	ico			Registration Dist. No. 335	
	harptow	F	0 (1	No. St., t death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in cit	ty or town where	death occurred	yrsmos	ds. How long In U.S. if of foreign birth?yrsme	osds.
2. FULL NAME	Maggie	P. Mann			3
(a) Residence: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Femals. COLORWITECE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed			D (write the word)	21. DATE OF DEATH	193 4
5a. If married, widowed, or divol HUSBAND of	rced			(Month) (Day)	(Year)
(or) WIFE of Wal	ter C.M	lann		22. I HEREBY CERTIFY, That I attended	deceased from
6. DATE OF BIRTH (month, day	, and year)	ept Ist	, 1862		; death is said
7. AGE Years	Months	I Bays	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance water as follows:	
8. Trade, profession, or pa kind of work done, a SAWYER, BOOKKEE	rticular as SPINNER, PER. etc.			anniculorentucular hand	Date of onset
9. Industry or business in work was done, as S SAW MILL, BANK, e	which	ousewif	e.	- T YOUNG:	,
10. Date deceased last worl this occupation (mon year)	ked at th and	spe	ima (years) ntin this		
12. BIRTHPLACE (city or town)				Other Contributory Causes of Importance:	~~~~~~~
I IS. NAME James	Bounds				
14. BIRTHPLACE (city or tow (State or country)				Name of operation	
IS. MAIDEN NAME ELE		Phillin	10	What test confirmed diagnosis? Was there an au	
16. BIRTHPLACE (city or tow (Stete or country)				23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	
7. INFORMANT	n P.Mar			Whera did injury occur?	) CE.
(Address) Sharptown, Md  8. BURIAL, CREMATION, OR REMOVAL  Place Sharptown Date Sept 14, 11934				Manner of Injury	
W. D. Gravenor & Bro.  9. UNDERTAKER (Address)  Sharptown, Md.			14,19.72	24. Was disease or injury In any way related to occupation of deceased?	
10. FILED Supt. 14, 19		Mary E.	Manne Registrar.	(Signed) 1.5. full function was	₹M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write hone.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
ALIPE AC			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

back

instructions

See

important.

very

NOIL

infor-

Jo plnods

item

OCCUPA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis   C C C   V C C	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUDEAU V SUL				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09576
1. PLACE OF DEATH	(10)
Village or City Jolishury Md	Registration Dist. No. 333 New. Sew. Hospital St., 13 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or lown where deeth occurredyrsmos	How long In U.S. if of foreign birth?mosds.
2. FULL NAME Mildred Massey	
(a) Residence: No. Willords M.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (murice the word) Light Line (1)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That t attended deceased from
2/12 4	, 19 Jf , to
6. OATE OF BIRTH (month, day, and yeer special 211 1933	I last saw h elive on
7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the date steted above, at
1 7 Ormin.	The PRINCIPAL CAUSE OF OEATH and related causes of Importence were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Fred I demarke letter
9. Industry or business in which	The survey of the
work wes done, es SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lesl worked et this occupation (month and year)  11. Total lime (years) spent In this occupation	
12. BIRTHPLACE (city or town) Near Wallands.	Dther Contributory Canses of Importance:
(State or country)	
4 4	
14. BIRTHPLACE (city or town) M. L.	Nemo of operation Oete of
(State or country)	What lest confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louise Vickers	23. tf death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Louise Osistees 16. BIRTHPLACE (city or town) Wheavyilles	Accident, suicide, or homicide?Oete of injury
(Stale or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Jellie Massy; (Address) Willords md;	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place New A ope Cem Date Aufet 16 tt 1934	Neture of injury
19. UNDERTAKER IKM, HOOWOOK Wells.  (Address) Gittwills, mil.	24. Was disease or injury In any wey related to occupation of deceesed?
20. FILED Sept 14,1934 & May Junes Registrar.	(Signed) M. D. (Address) Sulcilla 200
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

should state

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

plnods

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

19. UNDERTAKE

20. FILEDA

(Address)

mation should be carefully supplied.

of OCCUPA-

B.

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 09577
1. PLACE OF DEATH	137)
County Wicomics	Registration Dist. No. 3.23
	death occurred in a hospital or institution, give its NAME instead of treet and number)
Length of dence in city or town where deeth occurredyrs, _2mos.	ds. How long in U.S. if of oreign birth?
2. FULL NAME Charles matthews.	
C C 1 "O	Ward War
(a) Residence: No. Ocomate (Usual place of abody)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21, DATE OF DEATH
OR DIVORCED (write the word)	9-28-34
male. Colored Sungle.	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	7-16- 1934 to 9-28-34 1934
and the second s	I lest sew ham alive on 9-28-34, 19 deeth is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than	to have occurred on the date stated ebove, at 111 C m.
1. AGE TESTS (MONTHS Days 11 LESS (MAIN 1 dey,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as fellows:
8. Trade, profession, or particular kind of work done, as SPINNER.	Aufflushor cystitis:
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Dub to prostatic enlargement.
Mindustry or business in which work was done, as SILK MILL,	Cooperation
SAW MILL, BANK, etc	
this occupation (month and when spant in this tachen occupation	/
year)	Other Contributory Couses of importance:
12. BIRTHPLACE (city or town) Coulog Coi	Andrea
(State or country)	250/050
14. BIRTHPLACE (city or town) Coccornoce Coo.	
14. BIRTHPLACE (city or town) Coccorroc teo,	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Churchel Was there an aulopsy?
I 15. MAIOEN NAMES DOLLA WAR PRILE STORE	
II C	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
M7/ Pme +1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT 1. 1. Machine	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) focovolse terty, Mid,	
18 BURIAL, CREMATION OR REMOVAL	Manner of injury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

ussi Registrar.

Nature of injury

If so, specify

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work donc.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1,19		Gastroenteritis	1 year

V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	er. (34 a)		
County Mcomico	Registration Dist. No. 333		
Village or City Salishing Md.	No. 13 Horastal St. 13 Ward		
	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in City or town whera death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Athua O. M.	lchelf		
(a) Residence: No. Salitan Md.	St., 🕓 Ward.		
(Ustal place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sout 29 th		
Male White Single	(Mog/h) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from		
nor 6th 1871			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	l last saw h alive on, 1924; death is said to have occurred on the date stated above, at m.		
~7 /n 20 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance		
101	were as follows:		
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Thinking from his		
	- Aff		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	n.+ + : + . 1		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation months of the same of the sam	Not anterie, or typlaid ofenene Carte mila-		
year) gerapation	Othe Contributory Causes of importance: Nov. 3, 1934		
12. BIRTHPLACE City or town Man. Sunder line	Controller		
(State or country)	Frankola_		
13. NAME William Mutchell	,		
14. BIRTHPLACE (city or town) Juantice mid	Name of operation Date of		
(State or country)	What test confirmed diagnosis? Cluster Was there an autopsy?		
15. MAIDEN NAME Phinable Bund	23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
State or country)	Where did injury occur?		
Me Jules Privell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
17. INFORMAN ACCORDANCE (Address)	open, whener many occurred in reductivi, in nome, or in roblic react.		
18. BURIAL, CRUNATION, OR MMOVAL 9	Manner of Injury		
Place fee are 114. Date VVI . 1939	Nature of injury		
Holloway & Co	24. Was disease or injury In any way related to occupation of deceased?		
19. UNDERTAKER (Address)	If so, specify		
and Makes state in a new order	(Signed) M. D.		
20. FILED ( CA) A 19 FF4 L QUI Registrar.	(Address) / Sulishing Ling		
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.			

1. (1 = 101)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	~	Example II	4.5
The principal cause of importance were	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nej	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 6 1994	July 5, 1927	Peritonitis	3 days ago
	BURGAR V. S.	1		
Other contributory	causes of importance:	l caper	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 09579
1. PLACE OF DEATH  County Micomp CO	(9) Registration Dist. No. 331
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Charles Ralps	ds. How long In U.S. If of foreign birth? yrs. mos. ds.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 21-1933	1 last saw h alive on, 19, 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	W W Jan acc
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	MAN ON
year) occupation  12. BIRTHPLACE (city or town) Telhon	Other Coatributory Chases of Importance:
(State or country)  13. NAME Harley Morris  14. BIRTHPLACE (city or town) 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	whooping Cough,
(State of country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city down)  16. BIRTHPLACE (city down)	23. If death wes due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT Harlew Morris	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL Place Character Date Self 7, 1934	Manner of Injury
19. UNDERTAKER byried by family (Addy 855) Harley from say	24. Was disease or injury In any way related to occupation of decease of talk
20. FILED Sept 6., 1934 mis mwallas Registrar.	(Signed) The Well are selected to the selected
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSIC	HAN
----------------------	---------	------------	---------------	--------	-----

N. B.

1. PLACE OF DEATH .	(73)
County Wicomico	Registration Dist. No. 333
Village pr City Oller (	No. St., 7 Ward
Life	If death occurred in a hospital or institution, give its NAME instead of street and number)
6	sds. —How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Spencer Putt	er,
(a) Residence: No. (Usual place of abode)	St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male a a or provide the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of nettie Nutter	22. THEREBY CERTIFY, That t attended deceased from
C DATE OF DIPTH (mostly day and mass) Ol + 1974	I last saw h. attendance 19 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
0 1 4 / 0   1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	0 1 10 000
Industry or business in which work was done, as SILK MILL.	Trobably Interculous
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at April 11. Total time (years) Point this occupation (month and	
10. Date deceased last worked at Arrit this occupation (month and known specific this occupation known	
М. 1.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) - Harry Country) Mary Land	Homach trouble
13. NAME GEORGE Nutter	(Ahaustion)
13. NAME George Nutter,  14. BIRTHPLACE (city or town). Dyasku	Name of operation.
(State or country) Maryland	What test confirmed diagnosis front of famulative an autopsy?
15. MAIDEN NAME . Ellew Waters	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME . Eller Waters  16. BIRTHPLACE (city or town) Tyaskin	Accident, suicide, or homicide? Date of injury
X (State er country) Maryland	Where did injury occur?
17. INFORMANT Nettie Nuttel	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) allen mel.	
18. BURIAL, CREMATION, DR REMOVAL Piace Public Constany Dato Sept. 4. 193.4	Manner of injury
Place I subtry emelery Dato Degal . 4, 193.4	Nature of Injury
19. UNDERTAKER Jasp Jp Sleguar 1	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salisbury, Ma.	- If so, specify from the for all Rea.
20. FILED Slept 7, 1937 D. May Jum	(Signed) (Address)
Kegistrar.	" (MUICOS)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago B11128 111 11 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 yeur

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	------	-----	---------	------------	----	-----------

of OCCUPA.

Exact statement

properly classified.

1. PLACE OF	EATH			2 2
County //	Comple		Registration Diat. No.	33
Village or City	Saluch	1 md.	No/003 E. Church St. 3	Wa
Length of residence	In city or town where	double	(If death occurred in a hospital or institution, give its NAME instead of street and number to the loss of the los	er)
	14.00V	ocean occurred yes	nosds. How long In U.S. if of foreign birth?yrs,mos	
2. FULL NAME (a) Residence:	10/003 E.		St., Ward Sahihny Md.	
PERSONAL	AND STATIST	(Usual place of abode) ICAL PARTICULARS	If nonresident give city or town and State	
	COMOR OR/RACE	5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH	
Male	White	OR MORCED (write the word)	Sept 2 = 193	4
5a. If married, widowed, o	diyorced	0 - 11	(Month) (Day) (	(Year)
HUSBAND of	illie /	M. Oullen	22. I HEREBY CERTIFY, That I ettended decee	esed fro
6. DATE OF BIRTH (mont	h, day, and year)	W.15.187	1 1 2 2 2	لا۔ کِر 19 ath is sa
7. AGE Years	Months	Days If LESS than	to have occurred on the date stated above, at 9-30 cm.	
5	7 9	17   1 day,hi	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	
Z 8. Trade, profession,	or particular 2		Dat Dat	to of one
kind of work of SAWYER, BOO	ione, es SPINNER, KKEEPER, etc.	steman of.	with metastasis	-1-52-
o work was done	e, as SILK MILL	when Mi		
SAW MILL, BA		11. Total tipe (years)		
o this occupation	month est 2/.	1934 sparantellen		
	Aug.	10 7	Other Contributory Canses of importence:	
12. BIRTHPLACE (city or t (State or country)	own)	- County		
₩ 13. NAME	Land Co	n. H		
I	A	accent to		
14. BIRTHPLACE (city		my county	Neme of operation Date of	
	12 11	11:	What test confirmed diagnosis? A	sy?
置 15. MAIDEN NAME	new	a lung.	23. if death was due to external causes (VIOLENCE) fill in also the following:	
O 16. BIRTHPLACE (city	10 0	of Court	Accident, suicide, or homicide? Date of injury,	19
(State or coun	Iry) Thea	and /	Where did injury occur?	
17. INFORMAN / 100	felling	M. Ogelan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,	
18. BURIAL, CREMATION,			Manager and the second	
Place are	na leur.	Date 197. 5 , 19/3	Manner of injury	
19. UNDERTAKER	Marked ?	+ 16 1	24. Was diseese or Injury In any wey related to occupation of deceased?	
(Addiess)	1- 2/11	7, 71 01	If so, specify (Signed) La Cademoker	
20. FILED Selat	19 19 8	t. May Juni	(Signed) 2-4. /aach	M.
20. FILEW		Registrar,	(Address) 1/2 mais at salislary,	1-

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis OCT (* 1921	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUNGALIV. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

of infor-	ld state	CUPA.		1
item c	shou	of 00	1	
N. B WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1	2
RECO	Y. PH	Exact		3. 3
MANENT	XACTL	classified.		3. S
IS A PER	stated E	properly o	TION is very important. See instructions on back of certificate.	WOTHER FATHER 11.9
-THIS	ald be	nay be	ack of c	PATION
INK	E sho	at it n	on p	οσέι
DING	L. AG	so th	uction	12.
H UNFA	supplied	in terms,	See instri	FATHER
Y, WIT	carefully	FH in pla	ortant.	MOTHER
LAINI	ild be	DEA	ry imp	17.
TE P	n shor	SE OF	is ve	18.
WR	matio	CAU	TION	19.
N. B		(	D	20.

2. FULL NAME  (a) Residence: No. Albard State St	RYLAND—CERTIFICATE OF DEATH 09582	
Village or City Common Months (If death occurred in a horpital or institution, give its NAME instead of street and naturally and street and natura		5/:
Langth of residence in city or town where daeth occurred Oyrs, most discovered in a horpital or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an most discovered in institution, give its NAME instead of street and an most discovered in the original or institution, give its NAME instead of street and an analysis or its NAME instead of street and an institution, give its NAME instead of street and an analysis or its NAME instead of street and an institution, give its NAME instead of street and an institution, give its NAME instead of street and an institution give its NAME instead of street and an institution give its NAME instead of street and an institution, g	Registration Dist. No.	
Laght of residence in city or town where death occurred		
2. FULL NAME  (a) Residence: No.  (a) Residence: No.  (b) Alabora Country  PERSONAL AND STATISTICAL PARTICULARS  SEX.  4. CDLDR DR RACE  DR DLYBRCED (write the word)  If married, widowad, or divorced HUSBANO of (or) wife or of (or) wife or of (or) wife or of (or) wife or or of (or) wife or or or or of (or) wife or		
PERSONAL AND STATISTICAL PARTICULARS  S.EX.  4. CDLDR DR RACE  5. SINCLE, MARRIED, WIDDWED, DR DLYGRCED (curite tha word)  1. If married, widowad, or divorced HUSPAND of Chry Wiffe of Land Particular (by) with the ord of the word of the word)  1. If married, widowad, or divorced HUSPAND of Chry Wiffe of Land Particular (by) with the ord of the word of	res Perdul	2. FULL NAME Hancy Xignes Pe
SEX 4. CDLDR DR RACE DR DNDRCD Corrie the word)  North Married, widowad, or divorced HUSBANO of (North)  DATE DF BIRTH (month, day, and yeer)  AGE Years Months  S. Trede, profession, or particular or min.  S. Trede, profession or particular or min.  I last saw h elive on or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows.  S. Industry or business in which or min.  S. MILL, BAHK, etc.  10. Oate deceased last worked et this occupation or min.  S. BURIALACE (city or town)  (State or country)  T. INFORMANT Or MEMOVAL  Place deceased last work or destrict or min.  Menner of injury		
DATE DEFINITE (month, day, and yeer)  DATE DEFINITE (month, day, and yeer)  AGE  Years  Months  Oays  If LESS than I day, hrs. or min.  8. Trede, profession, or perticular kind of work done, as SPINNER, SOKKEPER, etc. 2. Industry or business in which work was done as SILK MILL, SAW MILL, SAW, MIL	ICULARS MEDICAL CERTIFICATE OF DEATH	PERSONAL AND STATISTICAL PARTICULARS
HUSBANO of (or) WIFE of CARMY PERMIT (month, day, and yeer) MMM. 17   8 \( \text{J} \) , AGE Years   Months   Oays   If LESS than 1 dey, hrs. or min.   The PRINCIPAL CAUSE DF DEATH and related causes of importance were as tollows:  8. Trede, profession, or perticular kind of work done, as SPINNER, ONE SPINNER, SAWYER, BOOKKEPER, etc.   Work was done as SSI KK MILL, SAW MILL, BANK, etc.   9. Industry or business in which work was done as SSI KK MILL, SAW MILL, BANK, etc.   11. Total time (yeers) spent in this occupation mounth and year)   Other Contributory Causes of importance:  22. I HEREBY CERTIFY, That I attended do	ED (write tha word)	Tenale) Thile DR DIVORCED (write the word)
AGE Years Months Days If LESS than I dey, hrs. or min.  8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc.  10. Oate daceasad last worked et this occupation month and year)  13. NAME Oracle Discourage of importance were as tollows:  Discourage of importance were as tollows:  Other Contributory Causes of importance:  Name of operation.  Other Contributory Causes of importance:  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME Oracle Discourage of importance:  Name of operation.  Other Contributory Causes of importance:  What test confirmed diagnosis? Was there an au accident, suicida, or homicida? Date of injury.  Where did injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE (Dates of Injury.  When of Injury.  Menner of Injury.  Menner of Injury.  Menner of Injury.  Menner of Injury.	22. I HEREBY CERTIFY, That I attended deceased fr	HUSBANO of
8. Trede, profession, or perticular kind of work done, as SPINNER, of	1845, I last saw h en elive on dept. 20, 1937; death is s	DATE DF BIRTH (month, day, and year) MAN. 17, 1845.
8. Trede, profession, or perticular kind of work done, as SPINNER, All Jone Chrows Work and SPINNER, SAWYER, BOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate daceasad last worked et this occupation (month and year)  11. Totel tima (yeers) spent in this occupation (State or country)  13. NAME Jones D. Pailey  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME Caralize Galdy  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT City of town)  (Stete or country)  18. BURIAL, CREMATION, OR REMOVAL  (Addrass)  19. BURIAL, CREMATION, OR REMOVAL  Page Many Advantage All Services  Menner of injury	I dey,hrs. The PRINCIPAL CAUSE DF DEATH and related causes of importance	X
work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Oate daceasad last worked et this occupetion (month and year)  BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  16. BIRTHPLACE (city or town) (Stete or country)  17. MAIDEN NAME  18. MAIDEN NAME  19. Maiden  19. Maiden  19. Maiden  10. Oate of importence:  11. Totel tima (yeers) spent in this occupation Other Contributory Causes of importence:  11. Totel tima (yeers) spent in this occupation Other Contributory Causes of importence:  11. Totel tima (yeers) spent in this occupation Other Contributory Causes of importence:  11. Totel tima (yeers) spent in this occupation Other Contributory Causes of importence:  12. If a contributory Causes of importence:  13. Name of operation What test confirmed diagnosis? Was there an au  23. If daath was due to axternal causas (VIOL ENCE) fill In also the following: Accident, suicida, or homicida? Date of injury  Where did injury occur?  Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE (Addrass)  BURIAL, CREMATION, OR REMOVAL Place  Menner of Injury  Menner of Injury	ne Chrone Valvela Hars Sine wet	
this occupation (month and yaar)  Other Centributery Causes of importance:  Other Centributery Causes of importanc	Chrom Interstation Papales Clarke	work was dona, as SILK MILL,
2. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  16. BIRTHPLACE (city or town)  (Stete or country)  7. INFORMANT  (Addrass)  17. MAIDEN  18. BURIAL, CREMATION, OR REMOVAL  Place  19. MAIDEN  19. Mame of operation  Name of operation  What test confirmed diagnosis?  Was there an au  23. If daath was due to axternal causas (VIOL ENCE) fill In also tha following:  Accident, suicida, or homicida?  Date of injury  Where did injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Addrass)  Menner of Injury  Menner of Injury  Menner of Injury	ent in this cupation	Spantin this
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. Page 19. Page 19. 25. 44.  Menner of Injury	A	
State or country   Malifelds   What test confirmed diagnosis?   Was there an au	iley	D/ D/ /3 . 1
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  18. MAIDEN NAME  19. Market confirmed diagnosis?  20. If daath was due to axternal causas (VIOL ENCE) fill In also tha following:  Accident, suicida, or homicida?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  (Addrass)  BURIAL, CREMATION, OR REMOVAL  Place  ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	Name of operation	
16. BIRTHPLACE (city or town) (Stete or country)  INFORMANT (Addrass)  BURIAL, CREMATION, OR REMOVAL  Place  Accident, suicida, or homicida?  Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE  Menner of Injury  Menner of Injury	What test confirmed diegnosis? Was there an autopsy?	6 1:1 0 1:
Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE  (Addrass) According Tad.  BURIAL, CREMATION, OR REMOVAL  Place Allendary Menner of Injury  Menner of Injury	23. If daath was due to axternal causas (VIOL ENCE) fill in also tha following:  Accident, suicida, or homicida?	16. BIRTHPLACE (city or town)
BURIAL, CREMATION, OR REMOVAL  Place AUS of a hour of Menner of Injury  Menner of Injury	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	INFORMANT C, C. Paisno, A
Nature of Injury	1 × 3 /3 4, 19 Menner of Injury Neture of Injury	
9. UNDERTAKER IS Italy X Phase Co. 24. Was disease or injury In any wey related to occupetion of deceased?  (Address) Salishugay, Italy Co. 21. Was disease or injury In any wey related to occupetion of deceased?  If so, specify A Manuary	24. Was disease or injury In any wey related to occupetion of decessed.	
O. FILED Dept. 23, 1934 Pullian D. Registrar. (Address) Dans by MS	Registrar. (Address) Dalis by mo	Local Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E.D.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I PUREAU V.S.			
Other contributory causes of importance:	~	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			THE PARTY

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH On Manne	<u> </u>		
County///come lo	Registration Dist. No. 333		
Village or City Salishing Md.	No. P.S. Hospatal St. 13 Ward		
tandle to the transfer of the	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence In city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.		
2. FULL NAME / Alla Selfer	nelize		
(a) Residence: No. 1. 1. 1. 1. 1. 1. 1. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Sept. 20 M 193 4		
5a. If married, widowed, or divorced	(Month) (Dey) (Year)		
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, end year) March. 11. 1934	I last saw h alive on Sefet 9, 1934 death is said		
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 1. 95.3 m.		
0 7 or min.	The PRINCIPAL CAUSE OF DEATII and related causes of Importance were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Infection days		
9. Industry or business in which	Care 5		
work was done, as SILK MILL, SAW MILL, BANK, etc.	120		
10. Date deceased last worked at this occupation (month and spent in this			
yeer) occupation	Other Contributory Canses of Importance:		
12. BIRTHPLACE (city or town) Marchles (State or country) m	Other Contributory Canses of Importance:		
n de la			
4. BIRTHPLACE (city or town) (State or country)	Name of operation		
15. MAIDEN NAME Mildred Mills	Whet test confirmed diagnosis?		
15. MAIDEN NAME Milche & Mills  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?		
(State or country)	Where did Injury occur?		
17. INFORMANT Paul Phillips (Address) A. F. D. # 1: Marilla M.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Place Nehm Md. Date Jy. 2/ 1934	Nature of Injury		
19. UNDERTAKER Hollgrag & Co. (Addiess) Sale In M. M.	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED Sept 2/193/4 V. May June	(Signed) M. D.		
Registrar.	(Address)		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			333

ADDITIONAL SPACE FOR FURTHER STATEM	NAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.		

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	<u> </u>		
County Wie cuiles.	Registration Dist. No. 333		
Village or City 2 alia run Wal	Malesta A D. O. tom. Do.		
	death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsds.		
2. FULL NAME Saly & the	20		
(a) Residence: No. 2 alibrum T	Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word) Sungle	21. DATE OF DEATH		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) Sept 21, 1934	I last saw was ative on 19 death is said		
7. AGE Years Months Days It LESS than	to have occurred on the date stated above, atm.		
O O l day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8 Trade profession or particular	Were as follows:		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Mill born		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this pecuation (much and the property of the p	13 2 ves 1		
10. Oate deceased last worked at this occupation (month and year) year)			
1112	Other Contributory Causes of Importance:		
12. BIRTHPLACE (city or town) (State or country)	It to from		
E			
4. BIRTHPLACE (city or town) Classification (State or country)	Name of operation Date of		
	What test confirmed diagnosis? Was there an autopsy?		
E 9 0 1 1 10 10	23. If death was due to externat causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?		
16. BIRTHPLACE (city or town) Solublium (State or country)	Where did injury occur?		
17. INFORMANT Para Spil Rospital	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury		
Place Sept 2/, 1934	Nature of injury		
19. UNDERTAKER Suff - Jen Gen Rospital	. 24. Was disease or injury in any way related to occupation of deceased?		
(Address) Salisbury, mg	If so, specify		
20. FILED Sefet 21, 1934 V. May Juner Registrar.	(Signed) M. D. (Address) Author to (,		
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting 9) S. No. v.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I V C. U.		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis 🖂 🕩 🐧 . 🔻 .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

of OCCUPA.

4 4	60	gar	6	6	9
H	Э	5	1	(	1
V	~	4-0	-		

1. PLACE OF DEATH		(131)
County Thecom	ico	Registration Dist. No. 333
Village or City Sales	bury	NoSt., 9 Ward
Legath of maideans in other and a little		f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where	neeth occurred yrsmos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sewel	I M. Richar	deon
(a) Residence: No. Sale	(Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
White Thite	OR DIVORCED (write the word)	Jept. 38 193 %
5a. If married, widowed, or divorced	- Francisco	(Month) (Day) (Year)
HUSBAND of Mes. Chigale	th E. Richardson	22. I HEREBY CERTIFY. That I ettended deceased from  1. 1934, to Dept 28 1934
6. DATE OF BIRTH (month, day, end year)	na 2. 1856	I last saw heria elive on 227 - 28 , 1934; death is said
7. AGE Years Months	Days If LESS then	to heve occurred on the date stated above, et 9:15 Pm.
78 4	27   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Z 8. Trade, profession, or particular		Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	umber man	Chronia Valenda Hand Discore Clution
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Howles)	Chronice Taterdated neptralis autur
10. Date deceased last worked at	11. Total time (years)	
this occupation (month and year)	yes spent in this 22 yes	
12. BIRTHPLACE (city or town) Snor	or Pdiel	Other Contributory Canses of importence:
(State or country)	cester Co.	
II 13. NAME Bedrale	Richardson	
13. NAME Jedock  14. BIRTHPLACE (city or town) Sur	ow Hill	Name of operation Dete of
(Stete or country)	cester Co.	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Elisabet	& Geordux	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Clip a bet	idletra,	Accident, suicide, or homicide? Date of Injury, 19
X (State or country)	maryland	Where did injury occur?
17. INFORMANT Mrs. Cliqueter (Address)	La Richardson	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	my Maryland	Manner of injury
Place Parsons Cem	Date Oct 1, 1934	Nature of injury
The Hill.	& Johnson Da	24. Was disease or injury in eny way related to occupation of deceased?
19. UNDERTAKER ALL THE (Address)	1311 9ml.	If so, specify
2000 1000 1000 1000	na Milana	(Signed) Youres M. Mann M. D.
20. FILED	Registrar.	(Address) Dalis Com Mrs

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN

Exact statement of OCCUPA-

BIN	
FOR	
RESERVED	
IARGIN	
4	

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

1. PLACE OF DEATH	
county Weamico	Registration Dist. No. 333
Village or City Salesbury ma.	No. Jest Agent La Spella L. St., 13 Wa f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yrsmos	
2. FULL NAME September Roxby (a) Residence: No. (Usual place of abode)	Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Tyrite tha word)	21. DATE OF DEATH Q - 12 - 1334
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, dey, and year) unlessour 9/3	I last saw halive on
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at which is m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Data of one
9. Industry or business in which work was done, as SILK MILL, (1) SAW MILL, BANK, atc	
10. Date decaasad last workad at this occupation (month and year)	
12. BIRTHPLACE (city or town) Snaw Hill, Ind	Other Coutributory Causes of importence:
(Stata or country)	- Curriles
13. NAME Signey Roxby 14. BIRTHPLACE (city or town) Snaw Hill. mg	
14. BIRTHPLACE (city or town) Swaw Hill, Mg	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an eutopsy? Z
15. MAIDEN NAME Francy Fundly	23. If deeth was due to extarnal ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) 2 Valv Helf prid. (State or country)	Accident, suicide, or homicide?
(State of Country)	Where did injury occur?  (Specify city or town, county and State)
(Address) Span Hill ma,	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Placa Spliss Hill Ind Data Dept 14, 1934	Neture of Injury
9. UNDERTAKER Clicis a Burnell (Addrass) 5-00 E Church St	24. Was disease or injury In any way ralated to occupation of dacaased?
10. FILEDSEAT 14.37 Plastoury and:	(Signed) Llftfluten M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	1	Example 11	
The principal cause of de of importance were as fol Arteriosclerosis	eath and related causes- llows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	UU1 U 1914	July 5,1927	Peritonitis	3 days ago
	RUREAU V.S.	1		
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1	N. B.	(	7	1
2, 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS	mation sl	CAUSE	
	PLAINL	mation should be carefully supplied. AGE should be	CAUSE OF DEATH in plain terms, so that it may be	
II S	Y, W	carefu	'H in	
1	ITATI	lly su	plain	
MARGIN RESERVED	UNFAI	pplied.	terms,	
N R	DING	AG	so the	
ESE	INK	E she	it it i	•
RVE	T.I	plno	may	
A	II	be	be	•

STATE OF MARYLAND	-CERTIFICATE OF DEATH (1953)
1. PLACE OF DEATH	- (RE-0)
County Wicomico	Registration Dist. No. 333
Village or City Salisbury	No. St 5
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length oI residence in city or town where death occurredyrsr	nosds. How long in U.S. if oI loreign birth?yrsmos
2. FULL NAME Mary Comments	lavage
(a) Residence: No. Brown St. Salishur (Usual place of abode)	14 St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(month) (Day) ()ea
(or) WIFE of Bayard Xarrage,	22. HEREBY CERTIFY That I attended deceased
10 1015	10 , to
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Day It LESS than	I last say alive on alive on 1924; death is
7. AGE Years Months Days If LESS than 1 day,	The state of the s
7 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER ROOKKEPER etc.	A O
SAWYER, BOOKKEEPER, etc. 710706	() Summely Here of
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) 1423	
The Dames	Other Coutributory Causes of Importance
12. BIRTHPLACE (city or town) (State or country)	The state of the s
II 13. NAME PLANE LAND TO THE STATE OF THE S	10
14. BIRTHPLACE (city or lown) Malsons	
14. BIRTHPLACE (city or Town)   Malsons   (State or country)	Name of operation Date of
	What test confirmed diagnosis?
E CALLET BOOK	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) YYLLRONA  (State or country)	Accident, suicide, or homicide?
ha h	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT If a sure 15 artesting (Address) Salisbury Md.	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Line Cosmitery Date New 1974, 1934	Nature of injury
19. UNDERTAKER Wim Hooward Wells:	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Slept 18, 19 34 C. May June Registras.	(Address) Sales Tello
4	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u></u>

1. PLACE OF DEATH	
	159
Village or City The Townston of My	Registration Dist. No. 333
Length of residence In city or town where daath occurredyrs,n	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Intent of Class	Y Smith
(a) Residence: No. Hear Freutlas	& St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  Frank  4. COLOR OR RACE OR DIVORCED (write the word)  Fing Le	21. DATE OF DEATH  Supplement 10, 193 4  (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from OCLION 1934, to OCLION 1935
6. DATE OF BIRTH (month, day, and year) Left. 10. 1934	I last saw her alive on color 10 4, 193 4; death is said
7. AGE Years Months Days If LESS than 1 day,hi	were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Data deceased last worked at this occupation (month and	Premittee Date of onset
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.	7 200
10. Data deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) The architectural (State or country) Mary Mand	Other Contributory Canses of Importance
13. NAME Colgar Lee Smith	
13. NAME Edgar Lee Smith  14. BIRTHPLACE (city of town). Near aller  (Stata or country) many land	Neme of operation Deta of What test confirmed diagnosis?
15. MAIDEN NAME Mamie J. Martin	What test confirmed diagnosis?  23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mamie J. Martin  16. BIRTHPLACE (city or town) Coden .  (State or country) Maryland.	Accident, suicide, or homicide?
17. INFORMANT Colgar L. Smith (Addrass) Sa Cintrum Route # 1	Specify whathar injury occurred in MDUSTRY in HOME or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE allen Cen. Date Sept. 11,193	Mannar of Injury
19. UNDERTAKER The Hill of Johnson Ci (Addrass) Sales Aux mo	24. Was disease or injury In any way related to occupation of dacased?
20, FILED Sefet 1 1934 & May Time	(Signer) / Las 1/15 / Mello

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish-carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

ż

# STATE OF MARYLAND-CERTIFICATE OF DEATH

4 .	6.	for-	0	13
0	C)	17	14	н
V	V	U	0.7	17

1. PLACE OF DEATH	(59)
County Wi Conned.	Registration Dist. No. 333
Village or City Salisbury.	No Jess year Hospitalst 13 Ward
	(If death occurred in a hospital nr institution, give its NAME instead of street and number)
	osOds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wrother Spence	0,0 70
(a) Residence: No. (Usual place of abode)	St., Ward. Wolfesley S. M If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Siptember 25, 193 4  (Month) (Dev) (Yaar)
5e. If married, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
25.10.1	1 2 3 3
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, at 4
34 2 2 - I day,hr	
8 Trada profession or particular	Date of onset
kind of work dons, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
- 17 Shellf till fill?	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Joseph Jense  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Nove Date of
(State of country)	What test confirmed diagnosis? Bland Sugar, Was there an autopsy
15. MAIDEN NAME Manda Collins	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Manda Cochina  16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
(State or country)	Where did injury occur? (Specify city nr town, county and State)
17. INFORMANT Street Street Street.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Chapel Date Sept 2₹,193.	Manner of injury
J. W. Burbase	24. Was disease or injury In any way related to occupation of deceasad?
19. UNDERTAKER (Address)  Berlin  And	If so, specify
Volt + 22, 24 ( 1) 11 11	(Signed) La Radenshy M.D.
20. FILED SIGN 1997 D. May Sum Registrar.	(Address) 1/2 Man of salesbury, In

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
001 0 200			
V S.			
Other contributory causes of importance:	٠	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	S 40- 00-0		*

Q I	ADDITION	NAL SPACE FOR FU	JRTHER STA	TEMENTS BY PHYSICIA	7 1
dies	live	minutes	ofter	as morrow	and
	1				

LION

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dcceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
---	------------	-----------	---------	------------	----	-----------

(Address)

20. FILED.

1. PLACE OF DEATH ————————————————————————————————————	/
County Meonico Registration Dist. No. 33/	A
	Ward
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.  2. FULL NAME Action Common St., Ward.  (a) Residence: No. W. Sussess St., Ward.  (Usual place of abode)	ds.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)  1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)  1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)  1. SEX 4. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)  1. SEX 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)  1. SEX 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word)	/,
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years G  Months  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of Birth (month, day, and year)  To have occurred on the date stated above, at 4.55 f.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of Birth (month, day, and year)  To have occurred on the date stated above, at 4.55 f.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of Birth (month, day, and year)  Date of Course of Importance:  Date of Course of Importance:  Date of Course of Importance:	3)
13. NAME Harington Swilley  14. BIRTHPLACE (city or town)  (State or country)  Name of operation  What test confirmed diagnosis?  Was there an autopsy?	
15. MAIDEN NAME Cacoline) Jovilley  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Date of Injury, 19  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.  18. BURIAL CREMATION, OR REMOVAL  Manner of injury	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 11

Registrar.

If so, specify

24. Was disease or injury in any way related to occupation of deceased

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

5a. If married, wildowed, or divorced	93
Village or City  Village or City  (If death occurred in a hospital or institution, give its NAME invent of street and number tength of residence in city or town where death occurred yrs, mos.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  OR DIVORCED (write the word)  5a. If married, wildowed, or divorced  (Month)  (Day)  (Month)	9
(If death occurred in a horpital or institution, give its NAME instead of street and number death occurred by s	2
Length of residence in city or town where death occurred yrs. mos.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, wildowed, or divorced  (Month)  (Day)  (Month)	<b>S</b> Ward
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Sa. If married, wildowed, or divorced  (Month)  (Day)  (Month)	er)
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)  5a. If married, wildowed, or divorced  (Month)  (Day)  (Month)	
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)  5a. If married, wildowed, or divorced  (Month)  (Day)  (Month)	
3. SEX 4. COLOR OR RACE OR DIVOR CED (with the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVOR CED (with the word) OR DIVOR CED (with the word)  5. If married, wildowed, or divorced  (Month)  (Day)  (Day)	
5a. If married, wildowed, or divorced  OR DIVORCED (write the word)  (Month)  (Day)  (Month)	
5a. If married, wildowed, or divorced (Month) (Day) (North)	LU
5a. If married, wildowed, or divorced	(Year)
(or) WIFE of  1 HEREBY CERTIFY, That I ettended decease  22. 1 HEREBY CERTIFY. That I ettended decease	sed from
04-16211	th is said
7. AGE Years Months Deys If LESS than to have occurred on the date staled above, at 6.13 m.	10 0010
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade profession or particular	o of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased lest worked at this occupation, month and this occupation, month and this occupation, month and	Rul
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	
o this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Lid. Pher Court of Cole	
(State or country)	
E 13. NAME DALL & SQUE W QUE ON	
13. NAME SAME SAME SAME SAME SAME SAME SAME S	
(State or country)  What test confirmed diagnosis? Was there an eulopsy	v?
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. Maintenance 18. Maintenance 18	19
where did injury occur?	
(Specify city or town, county and State)  17. INFORMANT Henry Leland Walthers' Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address) Quanties R.D. 1	
18. BURIAL, CREMATION, OR REMOVAL	
Piace U David Com Date Off t 30, 1934 Nature of injury	
19. UNDERTAKER Sug Hill & Johnson O 24. Was disease or injury in eny way releted to occupation of deceased?	
(Address) alisting mg. If so, specify	
20. FILEDS lfs 30, 1934 V. May Junes (Signed)	M. D
Registrar. (Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis OCT 6 1934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			0
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

ARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year